Initial Certification File Contents Checklis

File Contents Checklist (This form is used to review the first certification on the family)

INSERT DATE OR X TO COMPLETE	(R) = Right hand side (L) = Left hand side	e
Application		<u>R)</u>
Application Status Letter		<u>R)</u>
Interview Letter	(]	<u>R)</u>
Authorization for the Release of Information/Priv	vacy Act Notice (HUD-9886)	<u>()</u>
Personal Declaration	(]	<u>R)</u>
(Signed by all family members over the age of 18) Citizenship 214 Forms	<u></u>	_)
(For all family members) Colorado Bureau of Investigation Verification		<u>L)</u>
Copies of Social Security Cards	(<u>L</u>	رر_
(For all family member over the age of six) Application Selection Criteria Verification		L)
Income/Asset/Expense Verification Documentatio	<u> </u>	<u>R)</u>
Utility Allowance Worksheet – (HUD 52667)		<u>R)</u>
Briefing Packet Lead-Based Paint Acknowledgment		<u>R)</u>
Voucher – Housing Choice Voucher Program (HUD	52646)(F	<u>R)</u>
Request For Tenancy Approval (HUD52517)		<u>R)</u>
(Cross check with utility allowance workshed) HQS Inspection Date Pa	ssed: []	<u>R)</u>
(Cross check to ensure that the HQS passed before the Lead Based Paint Landlord Disclosure Form		R)
Rent Reasonableness	(]	<u>R)</u>
Lease Effective	e Date:	<u>R)</u>
Tenancy Addendum (HUD 52641-A)	(F	<u>R)</u>
Housing Assistance Payments Contract (HUD 526 (Cross check date of contract and lease)	Effective Date: (1	<u>R)</u>
Applicant/Tenant Certification		<u>R)</u>
Family Report (50058)	(]	<u>R)</u>
Gross Family Income reported on 50058 (Cross check with CUB system)		
HAP Payment Register	(F	<u>()</u>
W-9 for Landlord /W-9 for Tenant (if needed)	(W-9 Notebook) /	<u>L)</u>
File Contents Check List		<u>R)</u>
INITIAL PARTICIPATION EFFECTIVE DATE		
Landlord Telephone Number:	Participant Telephone Number:	

Annual Certification

 $File\ Contents\ Checklist\ -\underline{No\ Move}$ (this form is used to check yearly certification, and the family has stayed in place)

INSERT DATE OR X TO COMPLETE

(R) = Right hand side (L) = Left hand side

Notice of Annual Certification Letter (Including HQS Inspection Date)	(R)
Authorization for the Release of Information/Privacy Act Notice (HUD-9886	(R)
Personal Declaration	(R)
(Check Personal Declaration against prior, to detect changes in household composition or income) Citizenship 214 Forms	(L)
(Applicable when anybody joins family) Colorado Bureau of Investigation Verification	(<u>L</u>)
(Applicable when new family member 18 + years joins family) Social Security Card Copies	(<u>L</u>)
(Applicable when new family member 6 + years joins family) HQS Inspection Form	(R)
Date Passed Prior Inspection Date Passed Inspection Landlord Rent Increase Request (If Requested)	(<u>R</u>)
Rent Reasonableness (If Rent Increase Authorized)	(R)
Income Verification Documentation (Third party verifications?)	(R)
Asset Verification Documentation	(<u>R</u>)
Expense Verification Documentation	(<u>R</u>)
Rent Change Letter to Tenant	(R)
Contract/Lease Amendment Effective Date	(R)
Tenant Certification	(<u>R</u>)
Family Report (50058)	(<u>R</u>)
Gross Family Income reported on 50058 (Cross check with CUB system)	
HAP Register	(R)
File Contents Check List	(R)

NOTES:

Annual Certification

 $File\ Contents\ Checklist-\underline{With\ Move} \\ \text{(this form is used to check yearly certification and the family moved)}$

INSERT DATE OR X TO COMPLETE

(R) = Right hand side (L) = Left hand side

Notice of Annual Certification Letter (Including HQS Inspection	n Date)	(R)
Authorization for the Release of Information/Privacy Act No	tice (HUD-9886)	(R)
Personal Declaration		(R)
(Signed by all family members over the age of 18) Citizenship 214 Forms		(L)
(Applicable when anybody joins family) Colorado Bureau of Investigation Verification		(L)
(Applicable when new family member 18 + years joins family) Social Security Card Copies		(L)
(Applicable when new family member 6 + years joins family)		
Income/Asset/Expense Verification Documentation		<u>(R)</u>
Housing Voucher Copy (HUD 52646)		(<u>R</u>)
Request For Tenancy Approval (HUD 52517) (Cross check with utility allowance worksheet to ensure utility breakdown is correct) HQS Inspection Form		(R)
		(R)
(Cross check to ensure that the HQS passed before the lease effective date) Lead Based Paint Landlord Disclosure Form	Date Passed:	(R)
Rent Reasonableness		<u>(R)</u>
Utility Allowance Worksheet (HUD 52667)		<u>(R)</u>
Lease	Effective Date:	(R)
Tenancy Addendum (HUD 52641-A)		<u>(R)</u>
Housing Assistance Payments Contract (HUD 52641)	Effective Date:	<u>(R)</u>
(Cross check date of contract and lease) Tenant Certification		(R)
Family Report (50058)		<u>(R)</u>
Gross Family Income reported on 50058		
(Cross check with CUB system) HAP Payment Register		(R)
	(W.O.N(al.,1) /	
W-9 for Landlord /W-9 for Tenant (if needed) (W-9 Notebook) /		(<u>L</u>)
File Contents Check List		(R)
ANNUAL CERTIFICATION WITH MOVE EFFECTIVE DA	ATE:	
DATE LAST ANNUAL CERTIFICATION:		
	,	
Landlord Telephone Number: Partic	cipant Telephone Number:	

Interim Certification File Contents Checklist – Includes Other Change of Unit (THIS FORM IS USED WHEN A CERTIFICATION IS DONE BETWEEN ANNUALS)

INSERT DATE OR X TO COMPLETE

(R) = Right hand side (L) = Left hand side

Personal Declaration	
(Check Personal Declaration against prior to detect changes in household composition or income)	-
Verification Documentation of Item(s) That Changed * Income* Rent Increase (After First Term) * Family Composition * Move	'
* Other	
Citizenship 214 Forms	
(Applicable when anybody joins family)	
Colorado Bureau of Investigation Verification (Applicable when new family member 18 + years joins family)	
(Applicable when new family member 18 + years joins family) Social Security Card Copies	
(Applicable when new family member 6 + years joins family)	
HQS Inspection Form (If Applicable)	
Date Passed Inspection:	'
Rent Reasonableness (If Applicable)	
Rent Change Letter to Tenant/Owner	
Contract and Lease Amendment	
Date Effective :	'
Tenant Certification	
Family Report (50058)	
Gross Family Income reported on 50058	
nar kegistet	
File Contents Check List	
ES:	
ES.	
(Cross check with CUB system) AP Register le Contents Check List	

INTERIM CERTIFICATION EFFECTIVE DATE: